

Governor's Workplace Safety Awards 2007 Application/Nomination

*Please print or type all information requested below. Applications for consideration for the Governor's Workplace Safety Awards must be **received** by the Indiana Chamber of Commerce by January 12, 2007 at 5 p.m.*

General Information

Company Name:	Company SIC/NAICS Code:
Type of Organization:	Contact Individual/Title:
Phone Number:	Fax Number:
Email Address:	Organization Website Address:
Name of Individual Submitting Nomination (If different from above):	
Organization Nominating (If different from above)	
Phone Number:	Email Address:

Nomination Information

Nominating as: <input type="checkbox"/> Entire Organization <input type="checkbox"/> Division <input type="checkbox"/> Individual Facility <input type="checkbox"/> Individual Person <input type="checkbox"/> Other _____								
Award Categories for which nominee should be considered: <table><tr><td><input type="checkbox"/> Innovations</td><td><input type="checkbox"/> Education & Outreach</td><td><input type="checkbox"/> Partnerships</td></tr><tr><td><input type="checkbox"/> Speciality Contractor</td><td><input type="checkbox"/> General Contractor</td><td><input type="checkbox"/> Residential Contractor</td></tr></table>			<input type="checkbox"/> Innovations	<input type="checkbox"/> Education & Outreach	<input type="checkbox"/> Partnerships	<input type="checkbox"/> Speciality Contractor	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Residential Contractor
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<input type="checkbox"/> Speciality Contractor	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Residential Contractor						
Name of Recipient (As inscribed on award):								

Additional Application Materials Required:

In a separate document, please answer the following questions.

- (1)** Designate the size and type of business or organization for which you are nominating or applying
- (2)** Please describe the following:
 - a. The program, process, technique, etc., for which you seek recognition
 - b. What is the organization is doing
 - c. For whom are you doing it
 - d. Why you chose to do what your doing
 - e. How and when it implemented
 - f. How is it is funded
- (3)** Please explain the Innovation:
 - a. Why is this program, process or technique unique or innovative
 - b. Barriers that had to be overcome for implementation
 - c. Describe progressive ideas, methods, materials, or implementation strategies
- (4)** Safety and Health Benefits
 - a. Describe the safety and health benefits resulted from the effort for which you seek recognition
 - b. Include a detailed explanation of the direct benefits as well as any unanticipated benefits that were achieved
- (5)** Measurable Results
 - a. Describe any measurable results that can be used to quantify the success of the effort for which you seek recognition
- (6)** Economic Returns
 - a. Describe economic benefits, if any, such as cost savings, sales increases, or workforce impacts which result from the effort for which you seek recognition
- (7)** Social Benefits
 - a. Describe any social benefits, such as increased morale or reduced waste, which result from the effort from the effort for which you seek recognition
- (8)** Inclusively
 - a. Describe how employees, volunteers, the public, or other affected individuals are empowered to reduce workplace safety and health hazards
 - b. How are innovations rewarded or encouraged?
- (9)** Summary
 - a. In one paragraph, describe and summarize your organization and your accomplishment
- (10)** For Employers
 - a. Include lost work day incidence rates for injury for 2004, 2005 and 2006
- (11)** Please indicate if your organization has experienced any fatalities in the past year. If yes, please explain

Nomination Submission:

Please complete the form in its entirety. Please include the description of the program which addresses each of the eleven (11) questions listed on page 2 of the application. The program description should be limited to no more than eight (8) single-spaced typewritten pages. The addition of supplemental materials is encouraged, i.e. newspaper articles, photographs, or other publications. If the Application/Nomination form is emailed, please submit only one (1) copy of supplemental materials. If the Application/Nomination Form is mailed, please submit five (5) copies of supplemental materials.

Please note: All nominations/applications for the Governor's Workplace Safety Awards must be received by the Indiana Chamber of Commerce by 5 p.m., January 12, 2007.

Please mail your Application to:

Governor's Workplace Safety Awards
Attention: Scott Kerr
Indiana Chamber of Commerce
115 West Washington Street, Suite 850S
Indianapolis, Indiana 46204

OR

Email Your Application to:

SKerr@indianachamber.com

Award Selection

A review committee composed of representatives of each partner and academia will evaluate applications. The Governor's Awards are competitive and will recognize only exemplary innovations. It is possible that no award will be selected in any particular category. Multiple awards may be given in any one category.

Eligibility

All Indiana businesses, unions, municipalities, schools, service organizations, nonprofit organizations or individuals are eligible to apply for the Governor's Workplace Safety Awards. To qualify, applicants or nominees must be deemed to be free of compliance disputes concerning all applicable local, state and federal statutes and regulations.

The awards are open to all organizations, regardless of size or number of workers affected. The review committee recognizes the limited resources of smaller entities and evaluates overall effectiveness of the program, process, technique, etc., relative to facility size.

Award Categories

Innovations

This category awards programs, processes or procedures implemented to create a safer and healthier work environment. The innovation should be unique in nature or have a unique quality that makes it stand apart from what is routine or common in industry.

The success of the program, processes or procedures adopted should be evidenced through positive achievements attained as a direct result of the innovation. The results of innovations should be further supported by the lost day incident rates, OSHA 200/300 logs and Worker's Compensation modifier rates.

Partnerships

This category awards community, labor/management, or other partnerships established and maintained in order to create a more desirable workplace culture by reducing injuries and illnesses. Applicants should demonstrate how the partnership was empowered to achieve those ends. A strong working commitment by each partner should be demonstrated.

The success of a partnership should be evidenced through positive achievements attained. The effect of this partnership may be demonstrated through traditional measures such as lost work day incidence rates, OSHA 200/300 log data, Worker's Compensation modifier rates, or through other measurements applicable to the specific partnership described.

Education & Outreach

This category awards innovative educational activities designed to inform a workforce, community or other of worker health and safety issues. The efforts should demonstrate an expressed interest in improving the safety and health culture of those persons reached; and should be in addition to education required by any statute or regulation.

The effectiveness of these efforts may be measured by the number of hours spent on education, the number of safety programs delivered, or the number of persons affected or any other measurements applicable to the specific method of education and outreach described.

Construction (Residential, Specialty Contractor, General Contractor)

This category awards the innovative implementation of health and safety programs in everyday activities and dissemination of education and outreach in the construction industry. Three separate awards will be awarded in the categories of Residential, Specialty, and General Contractors.

The success of the program, processes or procedures adopted should be evidenced through positive achievements attained as a direct result of the innovation. The results of innovations should be further supported by the lost day incident rates, OSHA 200/300 logs and Worker's Compensation modifier rates.